
CSU Equine Teaching and Research Center Event Participation Declaration

Event Name: _____

Event Location: _____

Event Date(s): _____

Contact Person:

Name of Person in Charge of Horse(s) at the Event: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Truck License Plate #: _____

Horses in Shipment

Name of Horse	Breed	Age	Sex	Identification (Color, Markings, Brand)	Stall Location

Address of property from which the horse/s was moved to the event:

Address of property to which the horse will move after the event: *(If different from above.)*

Alternate Contact Information (For other individuals affiliated with named horses)

Name _____ Cell Phone # _____

Name _____ Cell Phone # _____

Horse Health Declaration

I, _____ declare that the horse(s) named above has/have been in good health, with body temperature(s) below 102°F, eating normally and has/have not shown signs of infectious disease for the three (3) days preceding arrival at this event.

Signature _____

Date _____

(Complete a separate form for different owners.)

For office Use only: Date
and Time of Arrival

Date and Time of Departure

Event Official Initials _____

Event Official Initials _____